

# Introduction to the Post Deployment Clinical Assessment Tool.

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This instrument is designed for two primary purposes: (1) assisting care managers and care providers in planning and delivering appropriate care, (2) assisting program managers in evaluating and modifying post-deployment care.

This instrument includes sections from several well-known questionnaires and scales, including The Prime MD, The Patient Health Questionnaires 9 & 15 (PHQ9 &15), Specialized Care Questionnaire (SCP-Intake), Short-form 36 (Sf36), and the Centers for Disease Control and Prevention (CDC's) Behavioral Risk Factor Surveillance System questionnaire (BRFSS). These scales or similar ones have been widely used around the world and have been in use at the Deployment Health Clinical Center (DHCC) for several years. These scales provide insight into different aspects of patients' physical and mental health. Some of them are associated with one another, while others are predictive of satisfaction, functional status, and health care utilization.

Each of these scales is scored and provides what are called "Preliminary Indicators" (PIs). These PIs do not provide diagnoses, but are intended to identify potential problem areas that the care manager or health care provider can explore in greater detail with the patient. The PIs are used to flag for probable existence of Somatoform Disorder, Major Depression and other Depressive Syndromes, Panic and other Anxiety Disorders, PTSD, and Alcohol Abuse.

What follows is a list of the questions contained in the Post Deployment Clinical Assessment Tool (PDCAT), the instruments they were adopted from, the diagnosis that specific questions or series of questions address, and scoring instructions to determine Preliminary Indicators.

**Questions 1 - 3** inquire about the nature of the patient's visit. The patient is asked if the visit is deployment related, combat or war related, or related to issues surrounding homeland security. The possible responses are "No", "Yes", or "Maybe".

**Questions 4a-4m** are from the Somatoform module of the Prime MD-PHQ (Spitzer et al, 1999) and measure physical symptoms. Patients are asked if they are "not bothered at all", "bothered a little", or "bothered a lot" by any of a series of 13 specific physical symptom questions. If 3 or more of questions 4a-m are marked "bothered a lot", and lacks an identifiable medical diagnosis or an adequate biological explanation, the patient should be further assessed for the possibility of **Somatoform Disorder** or referred for further treatment.

**Somatic Symptom Severity Scale** (Kroenke et al., 2002) can be assessed by adding the patient's scores from questions 4a-4m (in which the patients are asked to rate their severity of each symptom as "0" for "not bothered at all", "1" for "bothered a little", & "2" for "bothered a lot")

and questions 5c-d (in which the responses are coded as "0" for "not at all", "1" for "several days", & "2" for "more than half the days" or "nearly everyday"). **Scores for these questions**

**are added and the Somatic Symptom Severity is categorized as “Minimal” (score = 0-4), “Low” (score = 5-9), “Medium” (score = 10-14) & “High” (score 15-30).**

**Questions 5a-5i** are from the Mood module of the Prime MD-PHQ (Spitzer et al, 1999) and are consistent with DSM-IV criteria for Depressive Disorders. Patients are asked if they are bothered by any of a series of 10 questions that are typically associated with depression. If 5a or b and 5 or more of 5a-i are at least "more than half the days", the patient should be further assessed for the possibility of **Major Depression Disorder** or referred for further treatment (count #5i if present at all). If 5a or b and 2, 3, or 4 of 5a-i are at least "more than half the days", the patient should be further assessed for the possibility of **Other Depressive Disorders** (i.e., Dysthymia), and should likewise be assessed or referred for further treatment (count #5i if present at all).

**NOTE:** The diagnosis of **Major Depressive Disorder** requires ruling out normal **bereavement** (mild symptoms, duration less than 2 months), a history of **manic** episode and a **physical disorder, medication or other drug** as the biological cause of the depressive symptoms.

A **Depression Severity Index** (Kroenke et al., 2001), can be assessed by calculating the scores associated with the patient responses to questions 5a-5i (e.g., not at all = 0, several days =1, more than half the days = 2, and nearly every day = 3). The scores are added, and the Depression Severity is categorized as “Minimal” (score = 0-4), “Mild” (score = 5-9), “Moderate” (score = 10-14), “Moderately severe (score = 15-19) & “High/Severe” (score 20-27).

**Questions 6-6c, 7a-7k, and 8a-8g** are from the Anxiety module of the Prime MD-PHQ (Spitzer et al, 1999) and load on Anxiety Syndromes. Anxiety is a response to an ill defined internal or unknown threat and can be quite debilitating to patients, depending on the severity or symptoms.. The 6 and 7 series questions (i.e., 6-6c and 7a-7k) are used in determining Panic Syndrome, while the 8 series (i.e., 8a-8g) are reserved for other Anxiety Syndromes. Patients are asked to respond “Yes” or “No” to the 6 and 7 series questions, if #6-6c are all "Yes" and 4 or more of #7a-k are "Yes" the patient should be further assessed for the possibility of **Panic Disorder** or referred for further treatment.

**NOTE:** The diagnoses of Panic Disorder and Other Anxiety Disorder require ruling out a **physical disorder, medication or other drug** as the biological cause of the anxiety symptoms

**Questions 8a-8g** ask patients if they are “not at all bothered”, “bothered several days”, or “bothered more than half days” to a series of anxiety related question. If #8a and answers to 3 or more of #8b-g are "more than half days", the patients should be further assessed for the possibility of another anxiety related disorder (**other anxiety disorder**) or referred for further treatment.

**Questions 9-14** are from the Specialized Care Questionnaire (Deployment Health Clinical Center) and from the Ft. Bragg Questionnaire (Hoge, et al., 2003, Personal communication), and loads on Post Traumatic Stress Disorder. This series of questions are designed to determine if patients have experienced traumatic event(s) in their lifetimes, the possible nature of the event(s), and the degree that the event(s) currently cause them problems. Question 9 is the base question for this series of questions (i.e., if 9 is answered “No” questions 11-14 are not scored). Question 9 asks patients whether they have experienced a traumatic event in their lifetime. The possible responses are “No”, “Yes as child”, “Yes as adult”, “Yes during deployment”.

**Questions 10a-10n** are used to assess the possible nature of the trauma(s) (i.e., being in or witnessing an accident resulting in serious injury or death, etc.) and approximate time frame of the traumatic event(s). The premise is that the more direct and intense the traumatic exposure, the higher the potential for post traumatic response. Patients are asked to respond “Yes in the past year”, “Yes more than a year ago” or “Never” to questions 10a-10n.

**Questions 11-14** are designed to assess the degree of intrusiveness (i.e., recurring thoughts), physiological responsiveness (i.e., easily startled), and numbing/avoidance (i.e., emotionally distancing themselves from loved ones etc.) patients have experienced in the past 30 days, as a result of the trauma(s). The possible responses to questions 11-14 are “not at all”, “a little bit”, “moderately”, “quite a bit” and “extremely”.

**If question 9 is answered “YES” and if 3 or more of questions 11-14 are answered "a little bit", if 2 or more are answered "moderately", or if 1 or more is answered "quite a bit/Extremely", the patient should be further assessed for the possibility of PTSD or referred for further treatment. If Preliminary Indicators suggest PTSD, answers to questions 10a-10n should be considered when further assessing the patient. It should be noted the question 10a-10n is not presented as an exhaustive list of possible traumatic events.**

**Question 15** is a base question for questions 16a-16e (e.g., if question 15 is answered “no” then questions 16a-16e are skipped). Questions 16a-16e are from the PHQ (Spitzer et al, 1999) and load on **Alcohol Abuse**. Patients are asked a series of question related to alcohol consumption and alcohol related behavior problem (i.e., driving a car after having several drinks, etc.). The patients are asked to respond “Yes” or “No” to this series of questions. If any of questions 16a-16e are answered "Yes", the patient should be further assessed for the possibility of **Alcohol Abuse** or referred for further treatment.

**Question 17** is designed to determine the degree of difficulty patients are experiencing as a result of problems they have identified in questions 4-16.

**Questions 18-21** are from the Centers for Disease Control and Prevention (CDC) Behavioral Risk Factor Surveillance System questionnaire (Hennessy et al. 1993). This series of questions is designed to determined how patients feel about their health in general, the number of days their physical health, and mental health has not been good in the past 30 days, and the number of days their physical health or mental health has restricted activities, such as self care, work or recreation, in the past 30 days.

**Question 22** is structured similar to question 21 of the CDC Behavioral Risk Factor Questionnaire, but focuses specifically on the number of days a patient has missed work in the last 30 days as the result of poor physical or mental health.

**Question 23** is from the Medical Outcomes Support Survey (Sherbourne et al, 1991) and is used to determine the level of social support (i.e., friends or relatives) patients have.

**Question 24** is from the Short-form 36 (Sf-36) and designed to ascertain information regarding known medical conditions that patients currently have or have had, as diagnosed by a medical professional. Patients are asked to respond “Yes” or “No” to whether a doctor has told them they have any of 6 medical conditions

**Question 25** is designed to ascertain whether a patient has smoked cigarettes in the past, is currently smoking cigarettes or has never smoked cigarettes.

**Questions 26-28** are Health Care Utilization questions also used in the PHQ-9 and PHQ-15 studies (Spitzer et al, 1999, 2001). These are used to determine the frequency with which patients seek medical services within a 3-month period. Patients are asked to give the number of medical visits they have made, and the number of prescriptions they have had filled, in the past 3-months.

**Question 29** is from the Deployment Health Clinical Center's (DHCC) Specialized Care Program Questionnaire and is used to assess patients' overall level of satisfaction with their health care, in the past 3-months. Patients are asked to select whether their level of satisfaction is "excellent", "very good", "good", "fair", or "poor".

**Questions 30-36** are general demographic information. They include questions regarding marital, status, education, employment status, service branch, age, sex, etc.

**37-39** inquires about the clinic the patient is currently visiting and the patient's referral source.

## Preliminary Indicator Scoring Summary

**Idiopathic Symptom Syndrome** if at least 3 of #1a-m bother the patient "a lot" and lack an adequate biological explanation.

**Somatic Symptoms** are categorized as "Minimal" (PHQ-15 score = 0-4), "Low" (score = 5-9), "Medium" (score = 10-14) & "High" (score 15-30).

**Major Depressive Syndrome** if #2a or b and 5 or more of #2a-i are at least "more than half the days" (count #2i if present at all).

**Other Depressive Syndrome** if #2a or b and 2, 3, or 4 of #2a-i are at least "more than half the days".

**Depression Severity Index Scale** Severity is categorized as "Minimal" (score = 0-4), "Mild" (score = 5-9), "Moderate" (score = 10-14), "Moderately severe (score = 15-19) & "High/Severe" (score 20-27).

**NOTE:** The diagnosis of Major Depressive Disorder requires ruling out normal **bereavement** (mild symptoms, duration less than 2 months), a history of **manic** episode and a **physical disorder, medication or other drug** as the biological cause of the depressive symptoms.

**Panic Syndrome** if #3a-d are all "Yes" and 4 or more of #4a-k are "Yes".

**Other Anxiety Syndrome** if #5a and answers to 3 or more of #5b-g are "more than half days".

**NOTE:** The diagnoses of Panic Disorder and Other Anxiety Disorder require ruling out a **physical disorder, medication or other drug** as the biological cause of the anxiety symptoms

**Alcohol abuse** if any of #10a-e are "Yes".

**PTSD** Score only if question 14 is "YES". if 3 or more of questions 15-19 are answered "a little bit", if 2 or more are answered "moderately", or if 1 or more is answered "quite a bit/Extremely".

## References

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